MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25373

AUG 2 6

1. PLACE OF DEATH

County _Stoddard_　Registration District No. _840_　File No. ____

Township _Duck Creek_　Primary Registration District No. _6102_　Registered No. _30_

City ____ (No. ____) ____ St. ____ Ward)

2. FULL NAME _Willard Allen_

(a) Residence, No. ____ St., ____ Ward.

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX _Male_　**4. COLOR OR RACE** _White_　**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) _Married_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _April 2, 1860_

7. AGE YEARS _73_ MONTHS _3_ DAYS _29_ IF LESS than 1 day, ___ hrs. or ___ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Farmer_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____　**11.** Total time (years) spent in this occupation ____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Indiana_

13. NAME _Cyrus Allen_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Davies Co., Ind._

15. MAIDEN NAME _— Compton_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Dunt Record_

17. INFORMANT (ADDRESS) _E_____

18. BURIAL, CREMATION, OR REMOVAL PLACE _Brown Cemetery_ DATE _Aug 1, 1933_

19. UNDERTAKER (ADDRESS) _Friedman-White Stone Co. Puxico Mo._

20. FILED _July 31, 1933_ _E. L. Hope_ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _July 31, 1933_

22. I HEREBY CERTIFY, That I attended deceased from _July 1st, 1933_ to _July 31, 1933_

I last saw h____ alive on _July 30, 1933_ Death is said to have occurred on the date stated above, at _9 a.m._

The principal cause of death and related causes of importance were as follows:

Date of onset

Passive Meningitis

Other contributory causes of importance: ____

Name of operation _None_ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) _R Burns_ , M.D.

(Address) _Puxico Mo._